

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

91060825

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1					
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		3		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17	1					
18		1		1		
19		1		1		
20		1		1		
21	1		1			
22		1		1		
23		1		1		
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48						
49						
50						
TOTAL IND.	4	↓	5	↓		↓
TOTAL DEP.	22	←	87	←		←
TOTAL CLAIMS	26	26	92	92		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS